

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

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|---|---|--|--|---|---|-------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number KSD007246846 | 2. Page 1 of 1 | 3. Emergency Response Phone 180074653736 | 4. Manifest Tracking Number 008037569 FLE | |
| 5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219 Generator's Phone: (316) 269-7400 | | | Generator's Site Address (if different than mailing address) SAME | | | |
| 6. Transporter 1 Company Name US Bulk Transportation Inc | | | U.S. EPA ID Number PA098734245 | | | |
| 7. Transporter 2 Company Name | | | U.S. EPA ID Number | | | |
| 8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Waukegan, IL 60087 Facility's Phone: (847) 697-3500 | | | U.S. EPA ID Number OKD066438376 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. |
| | | | No. | Type | | |
| | X | 1. HAZARDOUS WASTE, SOLID, N.O.S. (F001, F003, 9, PG III) | 1 | DT | EST 16 | Y |
| | | 2. | | | | |
| | | 3. | | | | |
| | | 4. | | | | |
| 13. Waste Codes | | | | | | |
| | | | | | F001 | F002 |
| | | | | | F004 | F005 |
| 14. Special Handling Instructions and Additional Information 1. CH571502X05 ERG11/1 TR# 386-1 TL# 386-2 | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | |
| Generator's/Offor's Printed/Typed Name Jim Tyson | | | Signature Jim Tyson | | Month 12 | Day 6 |
| | | | | | Year 13 | |
| TRANSPORTER | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | |
| | Transporter 1 Printed/Typed Name Michael Long | | | Signature Michael Long | | Month 12 |
| | | | | | Year 13 | |
| Transporter 2 Printed/Typed Name | | | Signature | | Month | Day |
| | | | | | Year | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | |
| | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | |
| | Facility's Phone: _____ | | | | | |
| | 18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____ | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |
| 1. #132 | | 2. | | 3. | | 4. |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day |
| | | | | | Year | |

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| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number KSD007246846 | 2. Page 1 of 1 | 3. Emergency Response Phone (800) 483-3718 | 4. Manifest Tracking Number 008037569 FLE | | | | | | | | | | | | | | | | | |
| 5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219 | | | Generator's Site Address (if different than mailing address) SAME | | | | | | | | | | | | | | | | | | | |
| Generator's Phone: (316) 269-7400 | | | | | | | | | | | | | | | | | | | | | | |
| 6. Transporter 1 Company Name US Bulk Transportation Inc | | | U.S. EPA ID Number PA098734015 | | | | | | | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | U.S. EPA ID Number | | | | | | | | | | | | | | | | | | | |
| 8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wannoka, OK 73860 | | | U.S. EPA ID Number OKD065438376 | | | | | | | | | | | | | | | | | | | |
| Facility's Phone: (580) 697-3500 | | | | | | | | | | | | | | | | | | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | | | | | | | | | | | | | | |
| | | | No. | Type | | | | | | | | | | | | | | | | | | |
| | x | 1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III | 1 | DT | EST 16 | y | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">F001</td> <td style="width:33%;">F002</td> <td style="width:33%;">F003</td> </tr> <tr> <td>F004</td> <td>F005</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | F001 | F002 | F003 | F004 | F005 | | | | | | | | | | |
| | F001 | F002 | F003 | | | | | | | | | | | | | | | | | | | |
| | F004 | F005 | | | | | | | | | | | | | | | | | | | | |
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| | 2. | | | | | | | | | | | | | | | | | | | | | |
| | 3. | | | | | | | | | | | | | | | | | | | | | |
| | 4. | | | | | | | | | | | | | | | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. CH831502XQB TRC#171 TR# 386-1 TL# 386-2 | | | | | | | | | | | | | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | | | | | | | | | | | | | |
| Generator's/Offor's Printed/Typed Name Jim Tyson | | | | | | | | | | | | | | | | | | | | | | |
| Signature <i>Jim Tyson</i> | | | | | | | | | | | | | | | | | | | | | | |
| Month Day Year 2 5 15 | | | | | | | | | | | | | | | | | | | | | | |
| TRANSPORTER INT'L | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | | | | | | | | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | | | | | | | | | | | | | |
| | Transporter 1 Printed/Typed Name Cecil Long | | | | | | | | | | | | | | | | | | | | | |
| | Signature <i>Cecil Long</i> | | | | | | | | | | | | | | | | | | | | | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | | | | | | | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | | | | | | | | | | | | | |
| | 18b. Alternate Facility (or Generator) _____ Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | | | | | | | | | | | | | | | | | |
| | Facility's Phone: _____ | | | | | | | | | | | | | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year | | | | | | | | | | | | | | | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | | | | | | | | | | | | | |
| 1. H132 | | 2. | | 3. | | 4. | | | | | | | | | | | | | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Patricia Sparkman | | | | | | | | | | | | | | | | | | | | | | |
| Signature <i>Patricia Sparkman</i> | | | | | | | | | | | | | | | | | | | | | | |
| Month Day Year 02 06 15 | | | | | | | | | | | | | | | | | | | | | | |